



Sesame County Sheriff's Department

10000 Sesame Street
Anytown, AnyState 00000
Administration 000-111-2222
Emergency 000-222-1111

TODAY'S DATE

I, _____ (Supervisor Name), do hereby attest that I am actively employed with _____ (Branch of Office) as the _____ (Position Title/Occupation), exercising supervisory authority over the below signed requestor for access to the Indiana Prescription Monitoring Program (INSPECT).

I verify that _____ (Requestor Name), is actively employed with the _____ (Branch of Office) as a _____ (Position Title/Occupation) and that access to INSPECT is pertinent to his/her law enforcement duties, as it relates to researching and/or the prosecution of current investigations that involves controlled substances.

I hereby authorize this law enforcement requestor to have access to INSPECT.

SUPERVISOR NAME

Date

REQUESTOR NAME

Date